APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

JUL1521 10:05AM

| (PLEASE PRINT OR TTPE) | | |
|--|---|--|
| NOTE: This form must be on file with the qualifying officer before opening the campaign account. | OFFICE USE ONLY | |
| 1. CHECK APPROPRIATE BOX(ES): | · | |
| Initial Filing of Form Re-filing to Change: Treat | asurer/Deputy Depository Office Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | 3. Address (include post office box or street, city, state, zip | |
| Hector Abel Selln | 5690 west 17th lane | |
| 4. Telephone 5. E-mail address | Haroah, FL 33012 | |
| (305)527-3965 Selinh Qaol. com | , | |
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a <u>nonpartisan</u> office, check if | |
| City Council / Group 6 | applicable: My intent is to run as a Write-In candidate. | |
| 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a | | |
| Write-In No Party Affiliation | Party candidate. | |
| 9. I have appointed the following person to act as my | Campaign Treasurer Deputy Treasurer | |
| 10. Name of Treasurer or Deputy Treasurer | | |
| 11. Mailing Address | 12. Telephone | |
| 5690 West 17th lanc | (305) 527-3965 | |
| 13. City 14. County 15. State Place FL | 16. Zip Code 17. E-mail address 33012 Selinh Paul. Com | |
| 18. I have designated the following bank as my | Primary Depository Secondary Depository | |
| 19. Name of Bank Apollo Ban K | 10. Address 1255 w 49 th st | |
| 21. City finalcal 22. County Dade | 23. State | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. | | |
| 7/15/21 | 26. Signature of Candidate | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) | | |
| I, Hocher Abal Solin , do hereby accept the appointment | | |
| (Please Print or Type Name) | | |
| designated above as: | | |
| 7/15/21 X | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | |

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

JUL1571 10:02AM

| NOTE: This form must be on file with the qualifying | | |
|--|---|--|
| officer before opening the campaign account. | OFFICE USE ONLY | |
| 1. CHECK APPROPRIATE BOX(ES): | | |
| | reasurer/Deputy Depository Office Party | |
| 2. Name of Candidate (in this order: First, Middle, Last) | 3. Address (include post office box or street, city, state, zip code) | |
| 4. Telephone 5. E-mail address | 5690 West 17th lane | |
| 4. Telephone 5. E-mail address | Hinlenh, FL 33012 | |
| (305)527-3965 Selinh Qaol.com | | |
| 6. Office sought (include district, circuit, group number) | 7. If a candidate for a <u>nonpartisan</u> office, check if | |
| City Council / Group 6 | applicable: My intent is to run as a Write-In candidate. | |
| 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a | | |
| Write-In No Party Affiliation | Party candidate. | |
| 9. I have appointed the following person to act as my Campaign Treasurer 🔀 Deputy Treasurer | | |
| 10. Name of Treasurer or Deputy Treasurer | | |
| Jeniphor Cobas | | |
| 11. Mailing Address | 12. Telephone | |
| 1000 NW 203 St | (305) 491-1888 | |
| 13. City 14. County 15. State 16. Zip Code 17. E-mail address Miami Dade FL 33169 Janny Cobas Egmail. Com | | |
| 18. I have designated the following bank as my Primary Depository Secondary Depository | | |
| 19. Name of Bank Apollo Bank 20. Address 1255 west 49th St 21. City Hinlech 22. County Miami Dade FL 23. State 33012 | | |
| 21. City Hialeah 22. County Miami Dad | Je 23. State 24. Zip Code 33012 | |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. | | |
| 25. Date 7/14/21 | 26. Signature of Candidate | |
| 1/19/all X | | |
| 27. Treasurer's Acceptance of Appointment (fill in the blanks and cheek the appropriate block) | | |
| i,, do hereby accept the appointment (Please Print or Type Name) | | |
| designated above as: Campaign Treasurer Deputy Treasurer. | | |
| | | |
| 7/14/21 X Costa | | |
| Date Signature of Campaign Treasurer or Deputy Treasurer | | |